



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support
Bureau of Work Support Programs

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

FROM: Stephen M. Dow
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Work Programs Section

BWSP OPERATIONS MEMO

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Non W-2 ☒ **W-2** ☐ **CC** ☐

PRIORITY: Medium

SUBJECT: MA PURCHASE PLAN

CROSS REFERENCE: BWSP Operations Memo 00-15

PURPOSE

This memo will provide you with:

1. An understanding of how the Medical Assistance Purchase Plan (MAPP) Health and Employment Counseling (HEC) programs operate and their place within the MAPP eligibility policies and processes.
2. An update of the MAPP worksheets to include references to the MAPP HEC program processes and policies.
3. Updated MAPP policy and process instructions based upon questions received during implementation of the program.

BACKGROUND

MAPP was implemented on March 15, 2000. The program provides Medicaid coverage to persons with disabilities who:

1. Are working or participating in a Health and Employment Counseling (HEC) program
2. Have income (the applicant/recipient's and that of his/her spouse, if residing together) that does not exceed 250% of the federal poverty level for their family size.
3. Have assets (applicant/recipient's) that do not exceed \$15,000.

4. Meet their premium obligation if their total income (applicant/recipient's) exceeds 150% of the federal poverty level for their family size.

HEC PROGRAMS AND ELIGIBILITY POLICIES AND PROCESSES

ENTRY INTO THE SYSTEM AND A REFERRAL TO THE HEC PROGRAM.

When an applicant comes into the agency who meets the disability, nonfinancial and financial criteria for MAPP, but is not working, the worker must let the applicant know of the Health and Employment Counseling (HEC) program available to him/her. If the applicant indicates that s/he would like to meet with the HEC screener, the eligibility worker needs to:

1. Leave the case in 'pending' status for the duration of the 30-day processing clock. If there are less than 10 days before the 30-day processing requirement expires, the worker can inform the client that s/he has extended the processing clock for an additional 30 days. If the applicant does not return with the HEC participation approval letter from the Department of Health and Family Services' MAPP Unit within the processing timeframe, the worker must deny MAPP eligibility.
2. Hand the applicant a blank MAPP employment plan form (OSF-051 (rev. 05/00)), a HEC Consumer Guide and the list of HEC screeners in your area. (We've attached a copy of the MAPP Employment Plan form and the HEC screeners list to this Operations Memo). The worker needs to explain to the applicant that s/he may either:
 - a. Complete the Employment Plan form on her/his own (or with the assistance of a relative, friend or other) and then take it to a HEC screener for recommendation of approval/disapproval; or
 - b. Complete the Employment Plan form with the assistance of a HEC screener, and then have the screener review for recommended approval/disapproval.

In both cases, the applicant needs to contact a HEC program to set up a time to review the Employment Plan form (if completed by the individual), or work with a HEC screener to complete the Employment Plan form (if individual needs assistance).

Note: In general, HEC screeners will only work with individuals who are on the HEC screening agency's caseload. We consider 'in their caseload' to include the agency closest geographically to their residence.

HEC COUNSELING AND APPROVAL OF THE MAPP EMPLOYMENT PLAN

When the Employment Plan form is complete, the applicant meets with the HEC program screener and the screener recommends approval/disapproval of the Employment Plan. The screener then sends the completed plan to the DHFS MAPP Unit, where a final approval/disapproval decision is made within 10 working days.

The DHFS Employment Plan approval/disapproval decision is based upon:

1. Are the individual's employment goals identified (and reasonable) in the plan?
2. Is an adequate plan for overcoming employment barriers included in the plan?

3. Does the plan indicate that benefits counseling has been completed or that the individual has a clear understanding of the effects of earnings on his/her benefit status?
4. Has this person participated in a HEC program more than twice in the last 5 years?
5. Has this person participated in a HEC program in the last 6 months?

Note: The individual is afforded all appeal rights through the state Division of Hearings and Appeals.

The MAPP HEC Employment Plan Approval Letter will include:

1. Name, Address, SSN of the participant
2. HEC start date (the DHFS approval date)
3. HEC end date (no more than the end of the month, 9 months from the HEC start date)

The letter will be sent to the applicant and a copy of the letter will be sent to the HEC program screener. Until the MAPP process is automated, it is the responsibility of the applicant to provide the letter to the eligibility worker. The worker can certify MAPP eligibility from the date on the approval letter to the end of the ninth month in the future (i.e., application month plus 8 months). Set the MAPP program review date as nine months from the approval date. Make sure to send a manual notice to the recipient explaining the approval/disapproval of MAPP eligibility, a premium amount (if required) and the reason for denial (if appropriate).

CHANGES IN HEC PARTICIPATION STATUS & HEC PROGRAM PARTICIPATION EXTENSIONS.

1. Participation Ends

The HEC counselor screener is responsible for monitoring the participation of the individual as s/he pursues the goals described in his/her MAPP Employment Plan. In any case in which the individual notifies the eligibility worker that s/he has stopped participating in the HEC program, the eligibility worker must terminate eligibility at the end of the month following the next adverse action. The worker does not have to verify non-participation with the HEC screener. Send a 3070M to EDS to end eligibility and send a manual closure letter to the recipient. The closure reason listed will be:

“No longer meeting the work or Health Employment Counseling Program participation requirement of the Medicaid Purchase Plan (MAPP) program. §49.472 Wis. Stat”

2. HEC Program Participation Extension Requested and Approved

If a HEC participant's participation period is going to end prior to the participant meeting the goals in his/her Employment Plan, but those goals can be met in no more than 3 months after the period will end, the DHFS MAPP Unit can extend the HEC participation for 3 months.

In these instances the participant sends a completed MAPP HEC Extension form to the DHFS MAPP Unit. The Extension form is located in the HEC Consumer Guide. DHFS will make a decision on extensions within 10 working days and send a letter of decision to the participant, and copies to the participant, the HEC program screener and the eligibility

worker. Extend the review date for the individual to the last month of MAPP HEC participation and send a manual positive notice to the participant explaining that:

“Your HEC participation period has been extended to ____/____/____. Your review date is now ____/____/____.”

Certify the extended MAPP eligibility to EDS using the 3070M form.

If the extension of the HEC period comes after the date that MAPP eligibility has been terminated, the 3 month extension begin on the first day of the calendar after the termination date.

3. Participation Period Ends

When a case comes up for a review in the last month of the HEC program period, the worker will redetermine Medicaid, including MAPP eligibility, based upon the information available and that supplied by the participant. If the individual is not employed and does not meet any other Medicaid subprogram eligibility, send a 3070M to EDS to end eligibility with an end date that allows adverse action notice. So, if the review is done after adverse action in January, the end date will be the last day of February, even if the ninth month of HEC participation was January.

4. Person Becomes Employed

Whenever an HEC participant notifies you that s/he is now employed. Please verify their employment and certify their eligibility with a 12-month review date (i.e, month in which MAPP redetermination is done plus 11 months). Inform the client of the new review date with a manual positive notice. Remember that you'll need to manually notify the client at adverse action of the month two months before the review month.

UPDATE TO MAPP ELIGIBILITY WORKSHEET

As part of the implementation of the HEC provisions of MAPP, we've needed to update the MAPP Eligibility Worksheet. We have added a third option, 'c', to question #3 in the nonfinancial section to read:

3. Meets Work Requirement? (Meets a, b or c below)
- a. Working? **Yes No** (AFEI / AFSE)
 - b. Has work requirement been waived? **Yes No**
 - c. Has been approved by DHFS to participate in a Health & Employment Counseling (HEC) program? **Yes No**

MAPP Transmittal to the Disability Determination Bureau – no changes are necessary.

MAPP Independence Account Registration form – no changes

MAPP Impairment Related Work Expenses (IRWE) Worksheet – no changes

MAPP Medical/Remedial Expenses Worksheet – no changes

MAPP Premium Calculation Worksheet – no changes

MAPP Work Requirement Waiver – no changes

Please remember to send a copy of all completed MAPP eligibility forms to:

DHFS MAPP Unit
c/o Nancy Salzwedel
Center for Delivery Systems Development
1 South Pinckney Street, Suite 340
Madison, WI 53701

MAPP POLICY AND PROCESS FREQUENTLY ASKED QUESTIONS

1. How does MAPP eligibility fit with other Medicaid subprogram eligibility, including eligibility through the community waiver programs?

If an individual is eligible for another Medicaid subprogram (not including Medicaid through SSI 1619(b) eligibility or community waivers), there is no reason to determine MAPP eligibility for this individual. They are already receiving Medicaid. If the individual with a disability loses Medicaid eligibility through that other subprogram, because of excess earnings/hours or excess assets, the worker will continue through the Medicaid Cascade to determine the 'best' eligibility for that individual. If the individual fails all of the subprograms in the cascade through BadgerCare, the worker should then determine MAPP eligibility.

For a person already eligible in a community waiver program, there is the possibility that the individual could qualify for MAPP and be community waiver eligible as a Group A. For someone currently eligible with a Group B Cost Share or a Group C spenddown amount, this could mean that the individual would have a \$0 cost share. The individual may also have a MAPP premium. The eligibility worker and the care manager need to explore with the participant whether it is more advantageous for the individual to pay a premium to the state or be responsible for a cost share or spenddown.

We explain the way to handle 1619(b) recipients who want to participate in MAPP later in the questions.

2. What if the community waiver participant who now wants MAPP has a cost share or spenddown in the previous 3 months that exceeds the MAPP premium?

If this is the case, we must allow up to 3 months retroactive eligibility under MAPP upon the request of the individual. If the amount of the premium is less than the cost share, then the individual must first pay the premium. The 3070M form will place MAPP eligibility on the file. At this point, the client can go to the providers and ask them to submit a Medicaid claim benefits owed or paid for by the participant through the cost share/spenddown. The provider, when s/he is paid, will reimburse the client for the cost of those goods/services.

3. I have a client who met his Medicaid deductible on the 4th day of the first month of the spenddown period. I think that he'd qualify for MAPP. What should I do?

If he wants to continue the met deductible, but has that 3-day gap you can fill it with MAP. If he is indeed eligible for MAPP you can certify MAPP for the first three days of that first month. When his review is due in the 6th month of the deductible, you'll need to explain his choice of either the Medicaid deductible or the MAPP program (if he still qualifies). In many ways this is similar to the Health Choice process, we automated with BadgerCare.

4. What is potential tax liability?

An individual has a potential tax liability if s/he receives any payment (cash or in-kind) in the context of a formal employer-employee relationship. The label given to a payment (salary, fee, commission, etc.) is unimportant in determining whether it constitutes a potential tax liability. Also immaterial is the basis on which the payment is made (hours worked, percentage of profits, etc).

There are some types of compensation and fringe benefits that are not considered a potentially taxable wages, for some or all payroll tax purposes:

1. Loan
2. Gifts, awards and prizes
3. Reimbursement for expenses

If an individual receives only any of the above in exchange for services s/he provides the individual does not meet the work requirement for the purpose of the Medicaid Purchase Plan.

5. Is Green Thumb income exempt for MAPP as it is for other Medicaid? If so, is an individual receiving Green Thumb income working for MAPP Purposes?

MAPP is another Medicaid subprogram that uses the SSI-related income and asset methodologies, unless otherwise communicated in an Ops Memo or the Medicaid Handbook. However, even though the Green Thumb income is exempt as earnings, the individual is working since the individual receives payment for ongoing services through a formal employer-employee relationship.

6. Can a person be eligible for both SSI and MAPP at the same time?

SSI recipients, except for those persons who are SSI eligible under §1619(b), cannot be on SSI/Medicaid and MAPP at the same time. Those persons who are eligible under §1619(b) are not receiving a cash benefit because they are working, but they meet certain specific SSI requirements that allow them to keep their categorical eligibility for Medicaid. Because this group is the most likely to move from SSI/Medicaid to MAPP, the Department has decided to allow them to be eligible for both at the same time.

7. How do we process 1619(b) recipients for MAPP?

Explain to the individual that they have a choice to begin their MAPP eligibility and still remain a SSI/Medicaid eligible person under 1619(b). Enter her/his case in CARES and enter a 'Y' on the ANBR screen under 'Receives SSI?' (NOTE: On 7/3/00, we'll insert a new item on ANBC that is specific to 1619(b) eligibility). This will deny her/his Medicaid eligibility in CARES, (unless there is waiver eligibility. If there is waiver eligibility, you'll

need to close the CARES case with an N on the Medicaid ACPA screen). Next use the manual MAPP worksheets to determine if s/he is eligible for MAPP.

If the individual is MAPP eligible, send her/him an approval notice and send a 3070M form to EDS with the MAPP medical status code appropriate for her/his eligibility. The individual will continue receiving her/his Medicaid eligibility through 1619(b) until s/he exceeds either the \$2,000 asset limit or the income limit (approximately \$21,700/year). At this time, the individual becomes ineligible for 1619(b), eligible for MAPP, and must pay the monthly premium owed if s/he has that obligation. We've programmed the SSI/Medicaid system to not override the eligibility you've placed on the file under the MAPP medical statuses when information is received from the Social Security Administration.

If individual is not MAPP-eligible, send her/him a notice explaining that s/he isn't eligible for MAPP; list the reason, but reassure her/him that this does not affect her/his continuing SSI/Medicaid eligibility under §1619(b).

8. When will MAPP be automated in CARES?

We are beginning work on the business requirements later this year. We'll have a list of the high-level requirements early next year. We've scheduled MAPP to be automated in CARES in September 2001. These dates can change without notice, if other system changes come along of a higher priority or the implementation hits unexpected snags.

9. Could you list the med stat codes for MAPP? I've heard that the training material and the Operations Memo were not correct.

You're right. We had a bit of confusion about the med stat codes for MAPP early in the program. To make sure that everyone knows the codes and when they should be used look at the following table:

MED STAT	Description
M3	Medicaid Purchase Plan: > 150%, premium
M4	Medicaid Purchase Plan: to 150%, no premium
M5	Medicaid Purchase Plan: community waivers, > 150%, premium
M6	Medicaid Purchase Plan: community waivers, to 150%, no premium
M7	Medicaid Purchase Plan: brain injury waiver, > 150%, premium
M8	Medicaid Purchase Plan: brain injury waiver, to 150%, no premium
MP	Medicaid Purchase Plan: Nursing Home, > 150%, premium
M9	Medicaid Purchase Plan: Nursing home, <150%, no premium

Please remember that if you certify an individual as MAPP eligible, they must be closed on CARES. Otherwise, CARES will continue to send eligibility with med stat codes that will overlay the MAPP eligibility. This includes waiver eligibility med stat codes.

10. If an employed MAPP recipient has deposited more than 50% of his/her actual gross earned income into an Independence Account, has a penalty (in the form of a premium) to pay and does not make the first premium payment and closes: 1. When the individual reapplies for MAPP after the 6 month restricted re-enrollment period ends, what amount does s/he have to pay in order to be eligible for MAPP? Does the individual have to pay the entire penalty amount? Some of it? None of it?

The penalty amount (excess deposit amount ÷ 12 months) is added to the premium for the next 12 consecutive months after it is assessed. It is added to the premium amount calculated for those 12 months, regardless of whether the individual remains eligible or continues to have a premium amount.

Example: Victor has been a MAPP recipient since May 2000. When the worker reviews Victor's MAPP eligibility, she finds that Victor has put \$1200 more than 50% of his earnings into his Independence Account in the last 12 months. The worker then adds \$100 to each month's premium for the next 12 months (May 2001 through April 2002). Although he stayed employed and continued to qualify for MAPP, Victor's income goes down below 150% in June 2001. He does not owe a premium for June, July and August. His income increases above 150% FPL in August. He reports the change to the worker. The worker determines Victor now owes a premium for September. The premium amount is calculated including the additional \$100 from the excess deposit to his Independence Account. Victor continues to pay the extra from September through the April 2002 premium.

- 11. When a parent applies for Medicaid (SSI-related) and that household contains a dependent minor child of the applicant who receives SSDI (from the parent's disability, in this example), CARES budgets the child's income in the Medicaid eligibility determination for the parent. Will that situation also occur in CARES when MAPP is automated?**

If you are encountering a SSI-related case in which the income of the child of the applicant/recipient parent is counted, you have found a problem with the CARES logic. The income of a child is not counted in determining the eligibility of the parent in determining SSI-related Medicaid eligibility. This same policy holds true for MAPP, both in manual implementation and when it is automated in CARES.

- 12. If a case is pending MA-DA should we keep the case pending in CARES by '?' on ANDI?**

Yes.

- 13. Do we calculate an overpayment if a premium amount was less than it should have been, for example: unreported income?**

Yes, the premium difference is a Medicaid overpayment.

- 14. Is seasonal employment/self-employment considered being 'employed' for the entire year?**

If an individual engages in a self-employment activity in the month that generates some payment, the individual is employed for purposes of MAPP.

An individual in seasonal employment in which the employment is not contracted for the entire year (e.g., a teacher) is not employed for MAPP purposes, except for any month in which s/he is engaged for at least one day in the calendar month in the seasonal employment. An individual in seasonal employment, in which the employment is under a contract for the entire year (e.g., a teacher) is considered to be employed for the entire year.

15. If one source of employment ends, what is the time period for becoming 'employed' again?

The individual has until the last day of the next calendar month to become employed again.

16. If an individual is employed through a temp service and employment positions begin and end, with weeks of no job in between times when there is employment is the individual considered to be 'employed' for MAPP? The temp agencies consider these individuals to be 'employed' by them even when there is no work for them. Do we also then also consider them to be employed as far as MAPP eligibility criteria is concerned?

If a person has signed up with a temp service and is not actually working, s/he is not working for purposes of MAPP. If an individual is employed for one day in a calendar month; they are employed for the purposes of determining MAPP eligibility in that calendar month.

17. If divorced parents have joint custody of their minor child(ren) which parent can count the child(ren) in his/her family size when determining financial MAPP eligibility and in the premium calculation process when both parents are applying for MAPP (in different households).

The IM Manual, Chapter I, Part A, Section 5, addresses the joint custody question for MAPP and all other MA subprograms.

18. How is in-kind income counted in the financial eligibility determination? How is in-kind income verified?

The prevailing market rate for the item in the community is used (per Medicaid Handbook, Appendix 15.5.1). Verification of in-kind income is described in the IM Manual, Chapter I, Part C.

19. Do we certify for the MAPP program on an ongoing waiver case based on a request from the waiver case manager?

Your question confuses us. A person who is eligible under an ongoing waiver case and wants to move to MAPP, needs to have his/her eligibility determined for MAPP the same as anyone else. If the individual's nonfinancial and financial information meets the MAPP requirements, you can certify the individual as MAPP. At that point, s/he can also be eligible as a Group A Community Waiver participant.

20. Do 'we' re-verify assets on these ongoing cases prior to certifying for MAPP? (If the person is under the asset limit for the waiver, s/he would be under the limit for MAPP.)

No, you do not have to re-verify assets for ongoing cases prior to certifying them for MAPP, unless they have reported a change. However, make sure that they do not qualify for any Medicaid subprogram that is higher on the cascade than MAPP. This would include all full-benefit Medicaid, except for the Community Waivers programs.

- 21. When do 'we' review the case that was certified for a different subprogram of MA (from ongoing waiver case to MAPP waiver case)? When the waiver review was due or one year from MAPP certification?**

Whenever an individual or group changes to a new subprogram a new review date is set based upon the new begin date in that subprogram. Federal regulation only requires that we redetermine eligibility at least once every 12 calendar months. When they were redetermined eligible for another subprogram they met that requirement at that time.

- 22. What does the sentence found on Page 6, Item 5 of the MAPP Training Document mean? "This only applies to applicant/recipients in medical institutions and does not apply to a community waivers program applicant/recipient. Since we do have to do asset assessments for waiver cases, what does the sentence mean?"**

You don't have to do an asset assessment for a Group A eligible Community Waivers participant. Because an individual is eligible for MAPP they are Group A eligible. That MAPP eligible individual is financially eligible for Community Waivers because they are Group A.

- 23. Is court-order child support a deduction from income for MAPP?**

No.

- 24. How does MAPP affect those persons who are or have been certified as Disabled Adult Children, Section 503 recipients and Widow/Widowers?**

An individual who is eligible for Medicaid and is in a 'special status' Medicaid AG, continues to be in the special status AG. If the individual loses their special status Medicaid eligibility, s/he can 'cascade' down to MAPP. MAPP does have any income disregard or deduction for the Cost of Living Allowance or the increase in Social Security benefits associated with the loss of SSI.

- 25. When is the cost of a vehicle considered to be allowed as an IRWE?**

The cost of modifications to a vehicle that allows an individual to drive to and from work is always considered an IRWE. The cost of the vehicle can also be included in the IRWE if the kind of vehicle is required in order for the modifications to be made (e.g., a wheelchair lift can only be installed on a van).

- 26. Is the maintenance of the vehicle allowed as an IRWE?**

Maintenance on the impairment-related modifications made to a vehicle are allowed as an IRWE. Regular maintenance costs are not allowed.

- 27. Is mileage to and from work allowed as an IRWE?**

No.

28. Is mileage to and from the place where maintenance of the vehicle allowed as an IRWE?

Only when the maintenance to the impairment-related modifications require a specific maintenance that is only available in another city or state. Otherwise mileage for maintenance is not allowed as an IRWE.

29. How are family health insurance premiums treated as MREs?

Divide the family health insurance premium by the number of individuals covered.

30. Are the expenses associated with attending professional development or associations considered IRWEs?

Any expenses associated with employment, including professional development or attendance at an professional organization's meetings or conferences that is sanctioned (although not paid for) by the employer can be an IRWE. The expense must be impairment related. For instance, if an individual uses air travel to get to the event, s/he may need, because of his/her impairment, to purchase a first class ticket rather than coach. The IRWE amount would be the difference between the coach and first class air fares.

31. Does an IRWE have to paid for by the individual in order for it to be deducted as an IRWE?

No. The expense must be incurred by the individual and be that individual's responsibility to pay.

32. What if a 3rd party pays for an impairment-related work expense?

If the expense is the legal responsibility of the 3rd party, this is not an expense to the individual so it is not an IRWE. Examples of this type of arrangement include an employer who pays for adaptive aids for the individual under the Americans with Disability Act (ADA) or insurance company that pays for an impairment related expense covered under the terms of the insurance policy. However if the 3rd party has no legal obligation to pay for the good or service and the expense would be the individual's legal responsibility to pay, the expense can be deducted as an IRWE, even if the 3rd party makes the payment.

ATTACHMENTS

1. Revised MAPP Eligibility Worksheet
2. List of HEC Programs
3. HEC Employment Plan
4. HEC Screening Checklist

CONTACT

DES CARES & Policy Call Center Email: carpolcc@dwd.state.wi.us
Telephone: (608) 261-6317 (Option #1)
Fax: (608) 261-6968

Note: Email contacts are preferred. Thank you.